| | Case | : 23-13269-amc | Doc 15 | Filed 12/04/23 | Entered 1 | 12/04/23 15:22:02 | Desc Main | |
|-----------|--|--|------------------------------------|---|-------------------|--|------------------------------------|---------------|
| Fill i | in this informatior | n to identify your case: | | Document Pa | age 1 of 8 | | | |
| De | btor 1 | Terrance First Name | Maurice Middle Name | Webster Last Name | | | | |
| | btor 2 bouse, if filing) | First Name | Middle Name | Last Name | | | | |
| Un | ited States Bankı | ruptcy Court for the: | Eas | tern District of Pennsylva | nia | | | |
| | se number (nown) | 23-13269-am | ıc | | | | Check if this is an amended filing | |
| Off | icial Form | 122C-2 | | | | | | |
| <u>Ch</u> | apter 13 | 3 Calculation | on of Yo | ur Disposabl | e Incon | ne | | 04/22 |
| | ill out this form, y icial Form 122C– | | npleted copy of | Chapter 13 Statement of | Your Current M | Ionthly Income and Calcula | tion of Commitment P | eriod |
| you | ded, attach a sep r name and case | parate sheet to this for number (if known). | m. Include the li | ne number to which the a | | y responsible for being acc nation applies. On the top | | |
| Par | t 1: Calculate | e Your Deductions | from Your Inc | ome | | | | |
| line | | he IRS standards, go o | | | | ounts. Use these amounts t ns for this form. This inform | | |
| the | ey are higher than | n the standards. Do not | include any ope | | subtracted from | f the form, you will use som income in lines 5 and 6 of f | | |
| If y | our expenses dif | fer from month to mont | th, enter the aver | rage expense. | | | | |
| No | te: Line numbers | : 1-4 are not used in thi | s form. These nu | ımbers apply to informatio | on required by a | similar form used in chapte | r 7 cases. | |
| 5. | Fill in the numb | additional dependents | d be claimed as | luctions from income exemptions on your feder ort. This number may be | | | 1 | |
| | National Standards | You must use the | IRS National Sta | ndards to answer the que | stions in lines 6 | -7. | | |
| 6. | | յ, and other items: Usi in the dollar amount for | | f people you entered in lin and other items. | e 5 and the IRS | s National | \$8 | <u>341.00</u> |
| 7. | dollar amount t who are 65 or | for out-of-pocket health | care. The numb eople have a hig | per of people is split into tw her IRS allowance for hea | vo categories–p | e IRS National Standards, fi people who are under 65 and If your actual expenses are | d people | |

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Debtor 1 Terrance Maurice Decline Page 2 of 8 Case number (if known) 23-13269-amc

| | | First Name | Middle Name | Last Name | | | | | |
|----|--------------|---|-------------------------|------------------------------|---------------------|---|----------------|------------------------|----------|
| | Peo | ple who are under 65 year | rs of age | | | | | | |
| | 7a. | Out-of-pocket health care | allowance per persor | n \$ | 79.00 | | | | |
| | 7b. | Number of people who ar | e under 65 | x | 1 | | | | |
| | 7c. | Subtotal. Multiply line 7a | by line 7b. | | \$79.00 | $\begin{array}{c} \text{Copy} \\ \text{here} \rightarrow \end{array}$ | \$79.00 | | |
| | Peo | ple who are 65 years of aç | ge or older | | | | | | |
| | 7d. | Out-of-pocket health care | allowance per persor | n\$1 | 54.00 | | | | |
| | 7e. | Number of people who ar | e 65 or older | × | 0 | | | | |
| | 7f. | Subtotal. Multiply line 7d | by line 7e. | | \$0.00 | $\begin{array}{c} \text{Copy} \\ \text{here} \rightarrow \end{array}$ | + \$0.00 | | |
| 7(| g. To | otal. Add lines 7c and 7f | | | | | \$79.00 | Copy here → | \$79.00 |
| Lo | cal andar | ds You must use the IR | S Local Standards to | answer the question | s in lines 8-15. | | | | |
| | | information from the IRS, by purposes into two parts | | ram has divided the | RS Local Standar | rd for housi | ng for | | |
| | | ng and utilities – Insurance ng and utilities – Mortgage | | ises | | | | | |
| | | r the questions in lines 8-9 in the separate instruction | | | | | | | |
| | the d | sing and utilities – Insuran ollar amount listed for your | county for insurance | • | | entered in I | ine 5, fill in | | \$629.00 |
| 9. | | sing and utilities - Mortgag | | fill in the deller one | ou unt | | ¢000 00 | | |
| | | Using the number of peopl listed for your county for m | | | Juni | | \$989.00 | | |
| | | Total average monthly payly your home. | ment for all mortgages | and other debts sec | cured by | | | | |
| | (| To calculate the total avera contractually due to each s bankruptcy. Next divide by | secured creditor in the | | | | | | |
| | | Name of the creditor | | Average mo payment | nthly | | | | |
| | | | | | | | | | |
| | | | | + | | | | | |
| | | 9b. Total average | monthly payment | | \$0.00 Copy here → | - <u> </u> | \$0.00 Repea | at this amount 33a. | |
| | S | let mortgage or rent expen Subtract line 9b (<i>total avera</i> nis number is less than \$0, | ge monthly payment) | from line 9a (<i>mortga</i> | ge or rent expense) | . If | \$989.00 Cop | oy here → | \$989.00 |
| | | u claim that the U.S. Truste | | | | is incorrect | and affects | | \$0.00 |
| | | alculation of your monthly | / expenses, fill in any | additional amount | you claim. | | | | |
| | | xplain hy: | | | | | | | |
| | | | | | | | | | |

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Debtor 1 Terrance Maurice Declinent Page 3 of 8 Case number (if known) 23-13269-amc
First Name Middle Name Last Name

| | | | k the number of ve | ehicles for which you cl | aim an owners | ship or operating expense. | | | |
|---|---|--|--|--------------------------|---------------|--|----------|--|--|
| | ☐ 0. Go to line 14. | | | | | | | | |
| | 1. Go to li | e. Go to line 12. | | | | | | | |
| | | | 1001 | | | | | | |
| | | ation expense: Using the in the Operating Costs th | | | | hich you claim the operating cal area. | \$636.00 | | |
| , | /ehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each rehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. | | | | | | | | |
| | Vehicle 1 Describe Vehicle 1: 2017 Kenworth T | | | 680 | | | | | |
| | 13a. Ownersh | hip or leasing costs using | IRS Local Standa | rd | | \$629.00 | | | |
| | | monthly payment for all | | | | | | | |
| | · · | nclude costs for leased ve | • | | | | | | |
| | To calculate the average monthly payment here and amounts that are contractually due to each secured months after you file for bankruptcy. Then divide by | | | creditor in the 60 | | | | | |
| | Name of | lame of each creditor for Vehicle 1 | | Average monthly payment | | | | | |
| | Transpor | t Funding LLC | | \$0.00 | | | | | |
| | | | | | | #0.00 | | | |
| | | | | \$0.00 | Сору | - \$0.00 Repeat this amount | | | |
| | Total average monthly payment here → on line 33b. | | | | | | | | |
| | 13c. Net Vehicle 1 ownership or lease expense \$629.00 | | | | | | | | |
| | Subtract line 13b from line 13a. If this number is less than \$0, enter \$0 | | | | | | | | |
| | Copy net Vehicle 1 expense here → | | | | | | | | |
| | | 2019 Mitsubishi Outlander Sport | | | | | | | |
| | Vehicle 2 | Vehicle 2 Describe Vehicle 2: Describe Vehicle 2: | | | | | | | |
| | 13d. Ownersh | hip or leasing costs using | IRS Local Standa | rd | | \$629.00 | | | |
| | 13e. Average | monthly payment for all | | | | | | | |
| | · · | nclude costs for leased ve | • | | | | | | |
| | | each creditor for Vehicle | | Average monthly | | | | | |
| | Taille of cash distance for vehicle 2 | | | payment | | | | | |
| | Prestige | Financial Svc | | \$687.00 | | | | | |
| | | | | + | | ¢697.00 | | | |
| | | Total average | monthly payment | \$687.00 | Сору | - \$687.00 Repeat this amount | | | |
| | | Total avolage | | here → | on line 33c. | | | | |
| | 12f Not Vahid | ala 2 aumarahin ar lagas | 3f. Net Vehicle 2 ownership or lease expense Subtract line 13e from 13d. If this number is less than \$0, enter \$0 | | | | | | |
| | | • | • | un \$∩ enter \$∩ | | | | | |
| | | • | • | ın \$0, enter \$0 | | Copy net Vehicle 2 expense here → | \$0.00 | | |
| . | Subtract | • | number is less that | es in line 11, using the | | expense here → | \$0.00 | | |

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Case number (if known) 23-13269-amc

Dogument Debtor 1 Terrance First Name Middle Name Last Name

| ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expenses allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance \$0.00 Copy total here No. How much do you actually spend? No. How much do you actually spend? | | her Necessary penses | In addition to the expe | | sted above, you are allowed your monthly expenses for the | | | | | |
|--|---|---|--|--|---|------------|--|--|--|--|
| uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include premiums for life insurance volunter than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare or that other than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services. The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call wainting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense a | 16. | social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. | | | | | | | | |
| include payments that you make for your spouse's term life insurance. On not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. 20. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 21. Education: The total monthly amount that you pay for education that is either required: • as a condition for your job, or • for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your 4 dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. 24. Add all of the expenses allowed under the IRS expense allowances. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your depend | 17. | uniform costs. | | | | | | | | |
| spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or metally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Additional Expense These are additional deductions allowed by the Means Test. Additional Expense These are additional deductions allowed by the Means Test. Additional Expense These are additional deductions allowed by the Means Test. Solutional Expense of the additional deductions allowances are previously insurance, and heal | 18. | include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance | | | | | | | | |
| | 19. | spousal or child support payments. | | | | | | | | |
| For your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance \$0.00 Disability insurance \$0.00 Total \$0.00 Total \$0.00 Copy total here → | 20. | | | u pay for education | on that is either required: | \$0.00 | | | | |
| Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense These are additional deductions allowed by the Means Test. Deductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance \$0.00 Health insurance \$0.00 Disability insurance \$0.00 Copy total here \$0.00 Health savings account \$0.00 Total \$0.00 Copy total here \$0.00 Copy total here \$0.00 Copy total here \$0.00 Copy total here \$0.00 Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | | | dependent child if | f no public education is available for similar services. | | | | | |
| health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. 38.803 Additional Expense Deductions These are additional deductions allowed by the Means Test. Deductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$0.00 Disability insurance \$0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). | 21. | | | | | \$0.00 | | | | |
| dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. Additional Expense These are additional deductions allowed by the Means Test. Deductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance \$0.00 Disability insurance \$0.00 Disability insurance \$0.00 Copy total here → | 22. | health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | | | | | | | |
| Add lines 6 through 23. Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$0.00 Disability insurance \$0.00 Health savings account \$0.00 Total \$0.00 Copy total here → \$0.00 Do you actually spend this total amount? No. How much do you actually spend? \$\frac{1}{2}\text{Yes} 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as | | | | | | | | | |
| Peductions Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance Disability insurance No.00 Health savings account So.00 Total Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | 24. | • | | RS expense allow | vances. | \$3,803.00 | | | | |
| insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance \$0.00 Disability insurance \$0.00 Health savings account + \$0.00 Total \$0.00 Copy total here → \$0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | | | | | | | | | |
| Disability insurance \$0.00 Health savings account + \$0.00 Total \$0.00 Copy total here → | 25. | | | • | | | | | | |
| Health savings account + \$0.00 Total \$0.00 Copy total here → \$0.00 Do you actually spend this total amount? No. How much do you actually spend? Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | Health insurance | | \$0.00 | | | | | | |
| Do you actually spend this total amount? ☐ No. How much do you actually spend? ☐ Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | Disability insurance | | \$0.00 | | | | | | |
| Do you actually spend this total amount? ☐ No. How much do you actually spend? ☐ Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | Health savings accou | unt | + \$0.00 | | | | | | |
| No. How much do you actually spend? ✓ Yes Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | Total | | \$0.00 | Copy total here → | \$0.00 | | | | |
| Yes 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | Do you actually spend | this total amount? | | | | | | | |
| 26. Continuing contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | ☐ No. How much do | you actually spend? | | | | | | | |
| The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | | √ Yes | | | | | | | | |
| family under the Family Violence Prevention and Services Act or other federal laws that apply. | 26. | The actual monthly exill, or disabled member | openses that you will coler of your household or r | ntinue to pay for the member of your im | he reasonable and necessary care and support of an elderly, chronically mmediate family who is unable to pay for such expenses. These | \$0.00 | | | | |
| | family under the Family Violence Prevention and Services Act or other federal laws that apply. | | | | | | | | | |

Entered 12/04/23 15:22:02 Case 23-13269-amc Doc 15 Filed 12/04/23 Desc Main Page 5 of 8 Dogument Case number (if known) 23-13269-amc Debtor 1 **Terrance** Last Name Middle Name Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in \$0.00 the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) \$0.00 that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. * Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment. \$0.00 Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing

religious or charitable organization. 11 U.S.C. § 548(d)3 and (4). Do not include any amount more than 15% of your gross monthly income.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form.

Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a +

Add all of the additional expense deductions. Add lines 25 through 31.

allowances in the IRS National Standards.

This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$0.00

\$0.00

Deductions for Debt Payment

For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| | | | Average monthly payment |
|--|---|---------------------------------------|-------------------------|
| Mortgages on your home | | | |
| 33a. Copy line 9b here | | → | \$0.00 |
| Loans on your first two vehicles | | | |
| 33b. Copy line 13b here | | | \$0.00 |
| 33c. Copy line 13e here | | → | \$687.00 |
| 33d. List other secured debts: | | | |
| Name of each creditor for other secured debt | Identify property that secures the debt | Does payment include taxes insurance? | |
| | | □ No □ Yes | |
| | | No Yes | |
| | | No Yes | + |
| 33e. Total average monthly payment. Add | lines 33a through 33d | | \$687.00 |

\$687.00

here→

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Doggapent Page 6 of 8 Debtor 1 Terrance Maurice First Name Middle Name Last Name

Case number (if known) 23-13269-amc

| 34. | Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? | | | | | | | |
|-------|---|----------------------------------|----------------------|-----------------|--------------------|-------------------------|---------------|--|
| | ✓ No. Go to line 35. ✓ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep | | | | | | | |
| | possession of your property (called the <i>cure amount</i>). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount | | | | | | | |
| | | | | ÷ 60 = | | | | |
| | | | | ÷ 60 = | | | | |
| | | | | ÷ 60 = | | | | |
| | | | | Total | \$0.00 | Copy total | # 0.00 | |
| 35. | Do you owe any priority claims—s | such as a priority tax, child su | pport, or alimony— | | | here \rightarrow | \$0.00 | |
| | bankruptcy case? 11 U.S.C. § 507. | | •• | • | • | , | | |
| | ✓ No. Go to line 36. | | | | | | | |
| | Yes. Fill in the total amount of all those you listed in line 19. | of these priority claims. Do not | include current or o | ongoing priorit | ty claims, such as | | | |
| | Total amount of all past-due | e priority claims | | | | ÷ 60 | | |
| 36. | Projected monthly Chapter 13 plan | ı payment | | | \$0.00 | | | |
| | Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). | | | | | | | |
| | To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. X 9.00% | | | | | | | |
| | | | | | \$0.00 | Copy | | |
| | Average monthly administrative | expense | | | | here → | \$0.00 | |
| 37. | Add all of the deductions for debt | payment. Add lines 33e througl | h 36. | | | | \$687.00 | |
| | | | | | | | | |
| Total | Deductions from Income | | | | | | | |
| 38. | Add all of the allowed deductions. | | | | | | | |
| | Copy line 24, All of the expenses all | lowed under IRS expense allow | vances | | \$3,803.00 | | | |
| | Copy line 32, All of the additional ex | xpense deductions | | | \$0.00 | | | |
| | Copy line 37, All of the deductions f | or debt payment | | | + \$687.00 | | | |
| | Total deductions | | | | \$4,490.00 | Copy total here → | \$4,490.00 | |
| | | | | | | | | |

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Debtor 1 Terrance

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Decrease

First Name Middle Name Last Name

| Par | 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) | | | | | | | | |
|-----|--|----------------|--------------------------------|-----------------------|--|--|--|--|--|
| 39. | Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. | | | | | | | | |
| 40. | Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. | | | | | | | | |
| 41. | Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). | | | | | | | | |
| 42. | Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here | \$4,490 | 0.00 | | | | | | |
| 43. | Deduction for special circumstances. If special circumstances justify additional exper and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense + Total \$0.00 Copy h | | <u>0</u> | | | | | | |
| 44. | Total adjustments. Add lines 40 through 43 | \$4,490. | <u>00</u> Copy | y here → - \$4,490.00 | | | | | |
| | 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$1,267.00 Part 3: Change in Income or Expenses | | | | | | | | |
| | change in moome of Expenses | | | | | | | | |
| 46. | 6. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. | | | | | | | | |
| F | orm Line Reason for change | Date of change | Increase or decrease? | Amount of change | | | | | |
| | 122C-1 122C-2 —————————————————————————————————— | - | ☐ Increase☐ Decrease☐ Increase | | | | | | |

☐ 122C-2

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Debtor 1 Terrance **Dogg**ent

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First Name Middle Name Last Name

Part 4: Sign Below

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.



X /s/ Terrance Maurice Webster

Signature of Debtor 1

Date 12/04/2023 MM/ DD/ YYYY